CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

P.O. Box 12070

FORM C/OH - FR

(512) 463-5800

The Instruction Guide explains how to complete this form. Complete only if "Report Type" on page 1 is marked "Final Report"							
C/ÓH NA	AME AND OLIVO 2 ACCOUNT # (Ethics Commission Filers)						
SIGNA							
82							
report as	xpect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions any campaign expenditures without a campaign treasurer appointment on file.						
	Aus						
	Signature of Candidate / Officeholder						
FILER Comp	WHO IS NOT AN OFFICEHOLDER lete A & B below <i>only</i> if you are not an officeholder. ••						
A.	CAMPAIGN FUNDS						
Check	only one:						
M	I do not have unexpended contributions or unexpended interest or income earned from political contributions.						
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
В.	ASSETS						
Check	conly one:						
\bowtie	I do not retain assets purchased with political contributions or interest or other income from political contributions.						
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.						
	Signature of Candidate						
5 OFFIC	CEHOLDER plete this section only if you are an officeholder ••						
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.						
	Signature of Officeholder						

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

(512) 463-5800

The C/OH Instruction	2 Total pages filed:						
3 CANDIDATE / OFFICEHOLDER NAME	MG+MRS/MR FIRST NICKNAME LAST	MI SUFFIX	OFFICE USE ONLY Date Received				
		Livo	AUG 03 2015				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	2625 Farmers Br In Fa	inner Brank Tx 75234	Date Hand-delivered or Postmarked OFFIC				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (972) 349 - 95	587	Date Processed				
6 CAMPAIGN TREASURER NAME	MSTMRS7MR FIRST FVALK NICKNAME LAST Show	MI	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/S	SUITE#; CITY; STATE; , Carrollton, T	75006				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (972) 242	EXTENSION 887					
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year THR	ROUGH 6 / 15	Year / 15				
11 ELECTION	ELECTION DATE Month Day Year Primar		General Special				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	uncil, Dist 3				
GO TO PAGE 2							

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete this	1 Total pages Schedule A:							
2 FILER NAME	ANRY OLIU	3 ACCOUNT # (Ethics Commission Filers)							
4 Date	5 Full name of contributor out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)					
5-8-15	6 Contributor address; City; State; Zip Code 6800 Windhave 5-133, (closy, Tx 75066		2502	I.					
	6800 Windhaue 5-133, (day	1, Tx 75 066	(If travel outside	of Texas, complete Schedule T)					
9 Principal occupation / Job title (See Instructions) Self employed 10 Employer (See Instructions)									
Doto	Full name of contributor out-of-state PAC (ID#		Amountof	In hind contribution					
Date	100 Groves	·	Amount of contribution (\$)	In-kind contribution description (if applicable)					
5-8-15	Contributor address; City; State; Zip Code 2 Lost Valley DR, F.B., Tx 7.	<0.2.	200	<u> </u>					
	226st Valley DIC, F.D., 1x 1.	1234		İ					
				of Texas, complete Schedule T)					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$\$) description (if applicable)									
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)					
5-8-15	Rubin/B.LLy Rose Contributor address; City; State; Zip Code	1 14 2m 1000345 48 40 40 46 4	25-						
	2979 MeadonGreen, F. B, TX	75234		of Tayon, complete Schodule T					
Data da al agran	action / Joh Aide (Con Inchryptions)	Employer (See I		of Texas, complete Schedule T)					
Principal occup	pation / Job title (See Instructions)	Embloker (See I	ristructions)						
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)					
6-7-15	Andy Ohio o Contributor address; City; State; Zip Code 2625 Farmere Branch, F. B,	6 79 (1877) 12 15 15 15 16 16 16 16	3707.99	t) =					
	2625 Farmere Branch, F.B,	Tx 75 234	5/07.7						
			(If travel outside	of Texas, complete Schedule T)					
Principal occup	pation / Job title (See Instructions)	Instructions)							
Date	Full name of contributor Out-of-state PAC (ID#)	Amount of	In-kind contribution					
			contribution (\$)	description (if applicable)					
Contributor address; City; State; Zip Code									
	8								
	19		(If travel outside	of Texas, complete Schedule T)					
Principal occupation / Job title (See Instructions) Employe			Instructions)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

Advertising Expense

Loan Repayment/Reimbursement

POLITICAL EXPENDITURES

P.O. Box 12070

Gift/Awards/Memorials Expense

SCHEDULE F

Solicitation/Fundraising Expense Legal Services Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Travel In District Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel Out Of District Event Expense Polling Expense **Printing Expense** Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 4 Date 5-6-15 F. B. Sevier Center 6 Amount (\$) 7 Payee address; City; State; Zip Code 2 FILER NAME 1 Total pages Schedule F: 3 ACCOUNT # (Ethics Commission Filers) Farmere BrAnch Senier CTR, F.B, Tx 75234 \$200 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE Sponson Function **EXPENDITURE** Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Printing ETC Payee address; City; State; Zip Code 4-14-15 Amount (\$) 3/4/ Irving BLOD, 5-215, Dallas, Tx 75247 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Candidate / Officeholder name EXPENDITURE Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 2.5. Post 4-21-15 City; State; Zip Code M.S. Post, Dallas, TX 542.88 Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postage **EXPENDITURE** Office sought Office held Complete ONLY if direct expenditure to benefit C/OH mount (\$) Payee address; City; State; Zip Code \$2,000 3141 Irving BLI, 5-215, PALLAS, Tx 75247 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Printing EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Polling Expense Travel Out Of District Fees **Printing Expense** Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 5 Payee name Printing FTC 7 Payee address; City; State; Zip Code 3 ACCOUNT # (Ethics Commission Filers) 4 Date 5-6-15 6 Amount (\$) 3/4/ Irving BLa, 5-215, Onlhas, Tx 75247 (a) Category (See categories listed at the top of this schedule) PURPOSE (b) Description (If travel outside of Texas, complete Schedule T) OF 8 rinting EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Printing ETC Payee address; City; State; Zio Code 3141 Irving BLA, 5-215, PALLAS, Tx 75247 Category (See categories listed at the top of this schedule) PURPOSE Description (If travel outside of Texas, complete Schedule T) Printing **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name FLEX Press Payee address; City; State; Zip Code 6-2-15 Amount (\$) 4410 Spring Valley, DallAS, TX 75244 Category (See categories listed at the top of this schedule) **PURPOSE** Description (If travel outside of Texas, complete Schedule T) OF Yardsigns EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 6-7-15 Victoria's Mexican Restaurant Payee address; City; State; Zip Code 8300 13435 Bee, Farmers Branch, TX Category (See categories listed at the top of this schedule) PURPOSE Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE Political Function Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED